

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              | 10584711                           |          |        |                      |
|---|------------------------------------|----------|--------|----------------------|
| <b>Filing Date:</b>                                     | 26-Jun-2006                        |          |        |                      |
| <b>Title of Invention:</b>                              | Compact oronasal patient interface |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | Aaron Davidson                     |          |        |                      |
| <b>Filer:</b>   | John Patrick Darling/Tanja Majca   |          |        |                      |
| <b>Attorney Docket Number:</b>                          | JPD-4398-555                       |          |        |                      |
| Filed as Large Entity                                   |                                    |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |                                    |          |        |                      |
| Description   | Fee Code                           | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |                                    |          |        |                      |
| <b>Pages:</b>   |                                    |          |        |                      |
| <b>Claims:</b>  |                                    |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |                                    |          |        |                      |
| <b>Petition:</b>  |                                    |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |                                    |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>                |                                    |          |        |                      |
| <b>Extension-of-Time:</b>                               |                                    |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>810</b>           |